



PATIENT

Koda Pearson

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

7 Years

WEIGHT

20

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Bao Truong

HOSPITAL NAME

Colyton VH

REFERRING VET

Bao Truong

INVOICE

35564

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Koda has experienced protrusion of the left eyelids for three weeks or longer, accompanied by increased intraocular pressure. The condition has not responded to oral or topical medications.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

Centered on the left frontal sinus and medial wall of the left orbital cavity, an expansile, soft tissue attenuating and irregular contrast enhancing mass is appreciated – obliterating the entire left frontal sinus, protruding into the left orbital cavity and left rostral aspect of the cranial fossa. The associated osseous structures – up to the presphenoid bone – present advanced aggressive osteolytic lesions and amorphous new bone formation. The left frontal lobe and left temporal lobe of the brain are distorted by the mass effect and a midline shift of the brain to the right is present. The left ocular bulb is deviated rostralaterally.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive mixed osteolytic and osteoproliferative lesion medial wall of the left orbital cavity and osseous lining left frontal sinus with associated soft tissue mass and perforation of the cranial fossa
- Secondary left sided exophthalmos

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent either with primary soft tissue neoplasia originating from the left frontal sinus– such as squamous cell carcinoma or adenocarcinoma – or primary osseous neoplasia (e.g. osteosarcoma, chondrosarcoma). FNA sampling/biopsy of the frontal sinus mass can be used for specification. Progressive intracranial extent of the mass can cause neurological clinical signs such as seizure activity.



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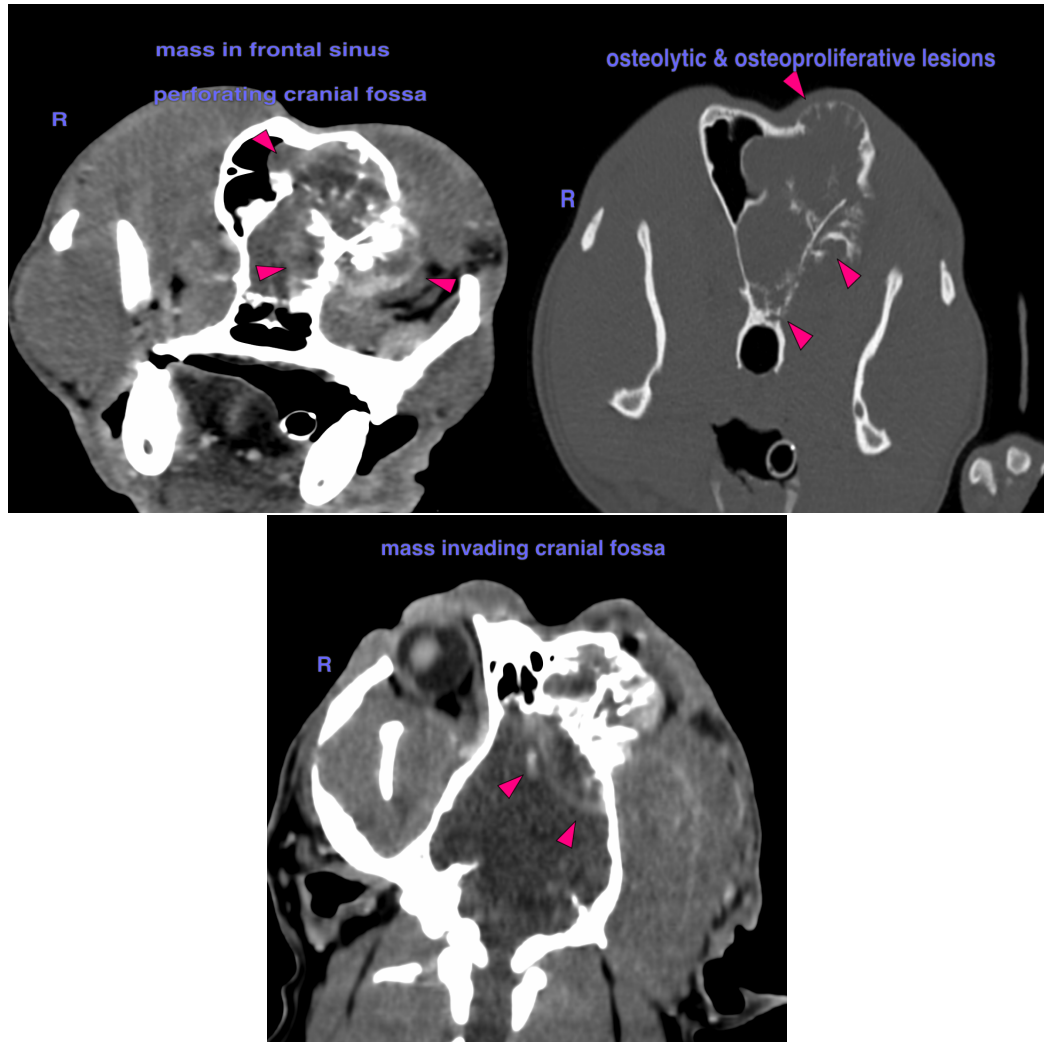
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com